## CENTRAL DISTRICT OF CALIFORNIA UNITED STATES DISTRICT COURT

TRANSCRIPT ORDER FORM

COURT USE ONLY DUE DATE:

Please use one form per court reporter per case, and contact court reporter directly immediately after e-filing form. (Additional instructions on next page.)

| 1a. Contact Person<br>for this Order        | son<br>Pr Marisela Taylor                                                                                            |                                                                                                                                                                                                                                               | 2a. Contact Phone S59-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 559-433-2148   |                          | 3a.                     | . Contact E-mail<br>Address                           |                            | marisela.taylor@mccormickbarstow.com                                                                                                | darstow.com                                                                                                                                                    | Case                     |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-------------------------|-------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1b. Attorney Name                           |                                                                                                                      |                                                                                                                                                                                                                                               | 7 Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                          | 3b.                     |                                                       | I -                        |                                                                                                                                     |                                                                                                                                                                | 2:22                     |
| (it different)                              | James P. Wagoner                                                                                                     | Jer                                                                                                                                                                                                                                           | Number   559-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 559-433-1300   |                          |                         | Address                                               | Jim.w                      | jim.wagoner@mccormickbarstow.com                                                                                                    | arstow.com                                                                                                                                                     | - <u>C</u> '             |
| 4. MAILING ADI                              | ORESS (INCLUDE LAW.                                                                                                  | 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)                                                                                                                                                                                     | 5. Name & Role of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ole of         |                          |                         |                                                       |                            |                                                                                                                                     |                                                                                                                                                                | <b>√-0</b> ⁴             |
|                                             |                                                                                                                      |                                                                                                                                                                                                                                               | Party Represented                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | — II           | Attorney                 | s for New               | / York Ma                                             | rine and G                 | Attorneys for New York Marine and General Insurance Company                                                                         | Sany                                                                                                                                                           | <b>468</b><br>□∏         |
| McCormick, Barstow<br>7647 N. Fresno Street | McCormick, Barstow, Sheppard, Wayte & Carruth<br>7647 N. Fresno Street                                               | Wayte & Carruth                                                                                                                                                                                                                               | 6. Case Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | Vew York                 | Marine                  | and Gene                                              | ral Insuran                | New York Marine and General Insurance Company                                                                                       |                                                                                                                                                                | 5-G\                     |
| Fresno, CA 93720                            | 3720                                                                                                                 |                                                                                                                                                                                                                                               | 7a. District Court<br>Case Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | 2:22-cv-04685-GW-PD      |                         |                                                       |                            | 7b. Appeals Court<br>Case Number                                                                                                    |                                                                                                                                                                | V-PD                     |
| 8. INDICATE WI                              | HETHER PROCEEDING W                                                                                                  |                                                                                                                                                                                                                                               | ose only one per form):  The antenness by a coling depondent by an expense of the performance of the perform |                |                          | 11                      |                                                       |                            |                                                                                                                                     |                                                                                                                                                                | Docu<br>                 |
|                                             | DIGITALLI NECONDI                                                                                                    |                                                                                                                                                                                                                                               | I A COURI REPORTER; NAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ME OF CU       | JUKI KEP                 |                         | ı erri Hourigan                                       | un                         |                                                                                                                                     |                                                                                                                                                                | me                       |
| 9. THIS TRANSCI                             | 9. THIS TRANSCRIPT ORDER IS FOR:                                                                                     | 🗌 Appeal 🗵 Non-Appeal                                                                                                                                                                                                                         | Criminal X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Civil          |                          | ] CJA                   | USA                                                   | FPD [                      | n forma pauperis (Court ord                                                                                                         | In forma pauperis (Court order for transcripts must be attached)                                                                                               | 1                        |
| 10. TRANSCRIPT(                             | S) REQUESTED (Specify                                                                                                | 10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type):                                                                                                | ng(s) for which transcript is re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | equested, fc   | ormat(s), ar             | ıd delivery             |                                                       | ou MUST chec<br>provide th | k the docket to see if the trans? "Release of Transcript Restri                                                                     | You MUST check the docket to see if the transcript has already been filed, and if so, provide the "Release of Transcript Restriction" date in column c, below. | File<br>  es<br>  File   |
| a. HEARING(S) order releasing tra           | a. HEARING(S) OR PORTIONS OF HEA order releasing transcript to the ordering par transcripts_cacd@cacd.uscourts.gov.) | <ul> <li>a. HEARING(S) OR PORTIONS OF HEARINGS (Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or emailed to transcripts_cacd@cacd.uscourts.gov.)</li> </ul> | necessary. If sealed, a court<br>1 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | b. SELEC       | b. SELECT FORMAT(S)      |                         | (CM/ECF access included with purchase of transcript.) | s included<br>transcript.) | c. RELEASE OF TRANS.<br>RESTRICTION DATE                                                                                            | d. DELIVERY TYPE 30-day, 14-day, 7-day, 3-day, Daily, Hourly                                                                                                   |                          |
| HEARING Mi<br>DATE (if                      | Minute Order Docket# (if available)  (name)                                                                          | PROCEEDING TYPE / PORTION  If requesting less than full hearing, specify portion (e.g., witness or time).  CJA orders: indicate if openings, closings, voir dire, or instructions requested.                                                  | PE / PORTION ify portion (e.g., witness or time). voir dire, or instructions requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PDF<br>(email) | TEXT / ASCII P-/ (email) | CONI<br>PAPER SE<br>(em | CONDEN- CM/ECF<br>SED ACCESS<br>(email) (web)         | SS INDEXING                | (Provide release date of efiled transcript, or check to certify none yet on file.)                                                  | (Check with court reporter before choosing any delivery time sooner than "Ordinary-30.")                                                                       | /17/23<br>  <sub>2</sub> |
| 08/14/23                                    | 75 George Wu                                                                                                         | -1                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •              |                          |                         |                                                       | 0                          | 0                                                                                                                                   |                                                                                                                                                                |                          |
|                                             |                                                                                                                      |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0              | 0                        |                         | 0                                                     | 0                          | 0                                                                                                                                   |                                                                                                                                                                | age                      |
|                                             |                                                                                                                      |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0              | 0                        | $\mathcal{O}$           | 0                                                     | 0                          | 0                                                                                                                                   |                                                                                                                                                                |                          |
|                                             |                                                                                                                      |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0              |                          |                         |                                                       | 0                          | 0                                                                                                                                   |                                                                                                                                                                | of 2                     |
|                                             |                                                                                                                      |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0              |                          |                         |                                                       | 0                          | 0                                                                                                                                   |                                                                                                                                                                |                          |
| 11. ADDITIONAI<br>requested in Section      | . COMMENTS, INSTRUC<br>n 14 of CJA-24 Voucher (a                                                                     | 11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. CJA Orders: Explain requested in Section 14 of CJA-24 Voucher (attach additional pages if needed).                                                                                     | Orders: Explain necessity of n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10n-appeal     | orders, ord              | ers for tran:           | scripts of pro                                        | ceedings invol             | necessity of non-appeal orders, orders for transcripts of proceedings involving only a co-defendant, & special authorizations to be | pecial authorizations to be                                                                                                                                    | ige                      |
| Please contact                              | our office if you hav                                                                                                | Please contact our office if you have any questions. Thank you.                                                                                                                                                                               | ٠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                          |                         |                                                       |                            |                                                                                                                                     |                                                                                                                                                                | ID #:13                  |
|                                             |                                                                                                                      |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                          |                         |                                                       |                            |                                                                                                                                     |                                                                                                                                                                | 14                       |

12. ORDER & CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act.

Date November 17, 2023

Signature

/s/ James P. Wagoner

## CENTRAL DISTRICT OF CALIFORNIA TRANSCRIPT ORDER FORM - INSTRUCTIONS

Please use this form to order transcripts of court proceedings. Additional information about ordering transcripts is available on the Court's website at www.cacd.uscourts. gov/court-reporting-services/court-reporterrecorder-transcripts. Before ordering, however, you must check the docket to see if the transcript has already been filed. In

- whether it was digitally recorded (many proceedings held before Magistrate Judges are digitally recorded); check the Court Reporter Schedule and the Minutes of the 6 proceeding. Then:

  1. Complete a separate G-120 order form for each case number for which transcripts are ordered.

  2. Complete a separate G-120 order form for each court reporter who reported proceedings in the case, and one for any digitally recorded proceedings.

  3. Complete a separate G-120 order form for each court reporter who reported proceedings in the case, and one for any digitally recorded proceedings.

  3. Complete a separate G-120 order form for each court reporter who reported proceedings in the case, and one for any digitally recorded proceedings.

  4. CJA Counsel must submit this form using the Central District's eVoucher system. Otherwise, this form must be e-filed in the Central District's CM/ECF system, except when the order is placed by someone without e-filing privileges or by a non-party. In such cases, e-mail the completed form to the Court Reporting Services Office at either the form, "print to PDF" or scan (first page only) in LANDSCAPE, and e-file using either the Civil or Criminal Transcript Order Form (G-120)" event in CM/ECF.

  5. CJA orders will be processed in eVoucher. For other orders, after e-filing the completed G-120 you will receive an email from the Court Reporting Services Gifice with further instructions.

## ITEM-BY-ITEM INSTRUCTIONS (ITEMS 1-12):

paralegal or administrative assistant, not the attorney. In fields 1b, 2b & 3b, provide the attorney name and contact info, if the attorney is not the contact person.

Item 5. Include both the name and role of the ordering party (i.e., "Defendant John Smith"). May be left blank if order is being placed by a non-party.

Item 7a. Only one case number may be listed per order.

Item 8. Refer to the Minutes of the proceeding to determine whether the hearing was digitally recorded ("CS" or "CourtSmart") or transcribed by a court reporter. If the Go Minutes read "MINUTES (IN CHAMBERS)," this means no proceeding was held, no recording was made, and no court reporter was present, so no transcript exists. If no Minutes have been filed, contact the judge's courtroom dennity (list here).

Minutes have been filed, contact the judge's courtroom deputy (list here). If the Minutes indicate the proceeding was sealed, you need a court order to get the transcript.

Item 9. Check appeal OR non-appeal AND criminal OR civil. You may also check one of the other boxes if applicable. NOTE: a court order specifically authorizing transcripts is required before transcripts may be ordered in forma pauperis.

Item 10a. List specific date(s) of the proceeding(s) for which transcript of only a proceeding may be ordered, if the description is clearly written to facilitate processing. Item 10b. Select desired FORMAT(S) for transcript. There is an additional charge for each format ordered.

Item 10d. Seven DELIVERY TYPES are available. Times are computed from date payment is satisfied (or, for government orders, the DCN number received). NOTE: Fully price may be charged only if the transcript is delivered within the required time frame. For example, if an order for an expedited transcript is not completed and delivered within 7 calendar days, the 14-day delivery rate would be charged. Visit www.cacd.uscourts.gov/court-reporting-services/court-reporterrecorder-transcripts for rates. Item 10c. For each proceeding, you must either provide the Release of Transcript Restriction date or mark the circle to certify that no transcript has yet been e-filed.

TRANSCRIPT DELIVERY TIMES (For anything other than "Ordinary" delivery, you must check with the court reporter first to see if the option is available.) DAILY (NEXT DAY) — To be delivered the next calendar day whether or not actually a court day,

ORDINARY — 30 calendar days.

14-DAY — 14 calendar days.

HOURLY (SAME DAY) — Within two (2) hours.

3-DAY — 3 calendar days.

REALTIME — A draft unedited transcript produced by a certified realtime reporter as a byproduct of realtime to be delivered electronically during proceedings or immediately following receipt of the order.

Item 11. CJA Counsel must explain why special requests are necessary to the representation. Special requests include opening statements, closing arguments, voir dire, originary instructions; transcripts for use in proceedings other than appeals; transcripts of proceedings involving only a co-defendant; requests for expedited handling; and grant proceedings of the CIA-24 Voucher. requests covered by Section 14 of the CIA-24 Voucher.

Item 12. Sign and date in this space to certify that you will either pay all charges (the deposit plus any additional charges) or promptly take all steps necessary to secure payment under the CJA. An electronic or conformed (/s/) signature is acceptable.